CONTROLLED DANGEROUS SUBSTANCE TEST ORDER **THIS IS A CONFIDENTIAL DOCUMENT**

Employee's Name		
Employee's Social Security #	Position Identification #	
Agency Appropriation Code		
In accordance with Code of Maryland Regulation directing you to submit to a urinalysis test base		of Drugs, I am
reasonable suspicion random selection incident-triggered situatio participation in a drug about arrest for a controlled dar	on use rehabilitation program ngerous substance offense	
The collection is scheduled as follows:		
Collection Location		
Date	Time	
At the time of the collection, you will be requested photo driver's license, a State-issued identification		
Kroll Laboratory Specialists, Inc., 1111 Newtor the specimen will be screened for the following		ot the test, and
BarBerCooMarOpi	rijuana/Cannabinoids	
The test will not reveal information pertaining to cited above. All test results are confidential as		gs that are not
If you refuse to comply with this order, you termination from State Service for gross and wi		and including
IF YOUR TEST YIELDS A VER	RIFIED LABORATORY POSITIVE RESULT:	
• The State Medical Director's Office will conta establish a legal medical explanation for th contact you within 48 hours of receipt of the p	e positive result. The Office will make three	
• Verified laboratory positive test results may from State Service for gross and willful mi rehabilitation program.		
 You may request an independent test of a portion by a U.S. Department of Health and Human accordance with the laws of Maryland. You to make your selection. You are responsible 	an Services certified laboratory that has be- will be provided a list of six certified laborator	en licensed in
You have the right to appeal any action taker through the appropriate disciplinary action or some second control of the second		ry positive test
Agency Technical Representative Date	Employee	Date